

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

(1) Michael Leager 515275  
 (Name of Plaintiff) (Inmate Number)

P.O.Box 9561 Wilmington De 19809  
 (Complete Address with zip code)

(2) \_\_\_\_\_  
 (Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

vs.

(1) Warren Raphael Williams  
 (2) Dr Kendall  
 (3) Jim Welch  
 (Names of Defendants)

(Each named party must be listed, and all names  
must be printed or typed. Use additional sheets if needed)

**I. PREVIOUS LAWSUITS**

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

**07-429**

(Case Number)  
 (to be assigned by U.S. District Court)

**CIVIL COMPLAINT**

*[Signature]* Jury Trial Requested



**II. EXHAUSTION OF ADMINISTRATIVE REMEDIES**

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

A. Is there a prisoner grievance procedure available at your present institution?  Yes • No

B. Have you ~~fully~~ exhausted your available administrative remedies regarding each of your present claims?  Yes • No

C. If your answer to "B" is Yes:

1. What steps did you take? Filed A medical grievance.

2. What was the result? Aprox 1 week later I was seen by A guy who said he would put me on the list to see The Dr. At no point Did I sign off on it nor Anything become Accomplished

D. If your answer to "B" is No, explain why not:

**III. DEFENDANTS (in order listed on the caption)**

(1) Name of first defendant: Raphael Williams.

Employed as Warden Williams. at Howard R. Young Correctional Fwst.

Mailing address with zip code: 1301 East 12<sup>th</sup> Street

Wilmington De 19809

(2) Name of second defendant: Dr Kendall

Employed as Dr Kendall at H.R.Y.C.I

Mailing address with zip code: 1301 East 12<sup>th</sup> Street

Wilmington De 19809.

(3) Name of third defendant: James Welch

Employed as Medical Service Administrator at Department of Correction

Mailing address with zip code: 245 McKee Road Dover De

19904.

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

**IV. STATEMENT OF CLAIM**

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**V. RELIEF**

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I would like Hryci/CMS To correct this problem  
With my arm, because it was never addressed, Rather  
Surgery or not, Also would like, Hryci/CMS To  
pay for all medical needs, If needed.

2.

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3.

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I declare under penalty of perjury that the foregoing is true and correct.

Signed this 7 day of July, 2007.

Michael Leager  
(Signature of Plaintiff 1)

\_\_\_\_\_  
(Signature of Plaintiff 2)

\_\_\_\_\_  
(Signature of Plaintiff 3)

## Statement of Claim:

At the end of January of 2006 I hurt my arm playing hand ball so I started putting Sick call Slips in. I didn't get to see anyone till July 2006 and the Nurse said she would put me in to see a doctor but still I never saw one. In November of 2006 I saw someone who wasn't a doctor who put me on an anti-Inflammatory Med that didn't work. So a month later I saw the same guy who put me in for an X-ray. I got an X-ray in January of 2007 and DR. Kendell told me it was an old injury that healed and he would put me in to see a specialist. I can not straighten my arm out fully and I never saw a specialist so I put a grievance in. In April of this year 2007 I saw a CMS Rep. and he told me that the doctors request for me to see a specialist was probably denied and that he would put me in to see the doctor again. I saw DR. Kendell a week later and he said he didn't have my records and would see me early the next day. I never saw him so I put another grievance in and Sick call Slips in. I saw him in June of 2007 and he put me on an anti-Inflammatory again and that was the last time I saw anyone else. Due to the severity of the fracture that the X-ray shows I do not have full movement in my arm.

Statement of Claim:

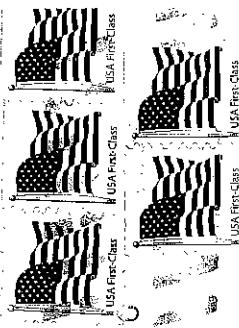
I wrote Jim Walsh the head of CMS here at Howard R. Young Correctional Institute and, Explained what happened and, I never heard back from him and, Nothing was accomplished.

Statement of Claim:

I wrote Warden Raphael Williams about my issue and, nothing has been accomplished in this matter.

Michael Longer

SBN# 55275  
A.R.C. P.O. Box 9509  
Wilmington DE 19809



Clerk

U.S District Court  
Lockbox 18  
844 N King Street  
Wilmington, De 19801

U.S.M.S.  
X-RAY

**LEGAL MAIL ONLY**